

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification # <u>239678</u>																													
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																
<b>II. Facility Description</b> Building Name: <u>Sing Sing Correctional Facility</u> Address: <u>354 Hunter Street</u> City: <u>Ossining</u> State: <u>NY</u> Zip Code: <u>10562</u> County: <u>Ossining</u> Site Location: <u>Building 34 B block</u> Building Size (square feet): _____ # of Floors: <u>4</u> Age in Years: <u>1802</u> Present Use: <u>Correctinal Facility</u> Prior Use: <u>Correctional Facility</u>																																
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
<b>V. Facility Information</b> Owner Name: <u>NY State</u> Address: <u>130 State Street</u> City: <u>Ossining</u> State: <u>NY</u> Zip Code: <u>10562</u> Contact: <u>Leonard Venechanos</u> Telephone: <u>(914) 941-1122</u> Fax: <u>941-1177</u> Removal Contractor Name: <u>Lorice Enterprises, Inc.</u> Address: <u>40 Mereline Ave</u> City: <u>Albany</u> State: <u>NY</u> Zip Code: <u>12209</u> Contact: <u>Grady McMullin</u> Telephone: <u>(518) 488-1061</u> Fax: <u>275-0519</u> Other Operator (demolition/general): <u>None</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____ Fax: _____																																
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> Testing																																
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td>95 Linear feet</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	95 Linear feet					Surface Area (square feet)						Facility Components (cubic feet)					
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<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: <u>8/5/13</u> Complete: <u>8/5/14</u>																																
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>7:00AM</u> Complete: <u>3:30 PM</u>																																
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																									
Hours of Operation:	7:am to 3:30 p	7:amto3:30	7:am to 3:30	7:am to3:30	7:am to3:30	N/W	N/W																									

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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Peel away 1 will be sued to remove the lead paint apply to allareas were lead paint ie to be removed.		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Negative pressure enclosed with the machines venting out side.		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Environmental Products &amp; services of Vermont, Inc.</u> Address: <u>210 Wembly Rd</u> City: <u>New Windsor</u> State: <u>NY</u> Zip Code: <u>12553</u> Contact: <u>Charles Panchak</u> Telephone: <u>(845) 567-1105</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>CWM Chemical Services, LLC.</u> Address: <u>1550 Balmer Rd</u> City: <u>Modle City</u> State: <u>NY</u> Zip Code: <u>14107</u> Contact: <u>Danna Cassick</u> Telephone: <u>(716 ) 754-0354</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                 _____                  Signature of Owner/Operator             </div> <div style="width: 15%;">                 6/5/13                  Date             </div> <div style="width: 40%;">                 Grady McMullin / CEO                  Type or Print Name and Title             </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                 _____                  Signature of Owner/Operator             </div> <div style="width: 15%;">                 6/5/13                  Date             </div> <div style="width: 40%;">                 Grady McMullin / CEO                  Type or Print Name and Title             </div> </div>		